



Australian Government

Australian Aged Care Quality Agency

Regis Weston

RACS ID 7150
118-120 Monash Avenue
NEDLANDS WA 6009

Approved provider: Regis Aged Care Pty Ltd

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 02 August 2017.

We made our decision on 30 April 2014.

The audit was conducted on 01 April 2014 to 02 April 2014. The assessment team's report is attached.

We will continue to monitor the performance of the home including through unannounced visits.

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

Expected outcome	Quality Agency decision
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

Standard 2: Health and personal care

Principle:

Residents' physical and mental health will be promoted and achieved at the optimum level in partnership between each resident (or his or her representative) and the health care team.

Expected outcome	Quality Agency decision
2.1 Continuous improvement	Met
2.2 Regulatory compliance	Met
2.3 Education and staff development	Met
2.4 Clinical care	Met
2.5 Specialised nursing care needs	Met
2.6 Other health and related services	Met
2.7 Medication management	Met
2.8 Pain management	Met
2.9 Palliative care	Met
2.10 Nutrition and hydration	Met
2.11 Skin care	Met
2.12 Continence management	Met
2.13 Behavioural management	Met
2.14 Mobility, dexterity and rehabilitation	Met
2.15 Oral and dental care	Met
2.16 Sensory loss	Met
2.17 Sleep	Met

Standard 3: Resident lifestyle

Principle:

Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve active control of their own lives within the residential care service and in the community.

Expected outcome	Quality Agency decision
3.1 Continuous improvement	Met
3.2 Regulatory compliance	Met
3.3 Education and staff development	Met
3.4 Emotional support	Met
3.5 Independence	Met
3.6 Privacy and dignity	Met
3.7 Leisure interests and activities	Met
3.8 Cultural and spiritual life	Met
3.9 Choice and decision-making	Met
3.10 Resident security of tenure and responsibilities	Met

Standard 4: Physical environment and safe systems

Principle:

Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.

Expected outcome	Quality Agency decision
4.1 Continuous improvement	Met
4.2 Regulatory compliance	Met
4.3 Education and staff development	Met
4.4 Living environment	Met
4.5 Occupational health and safety	Met
4.6 Fire, security and other emergencies	Met
4.7 Infection control	Met
4.8 Catering, cleaning and laundry services	Met



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Audit Report

Regis Weston 7150

Approved provider: Regis Aged Care Pty Ltd

Introduction

This is the report of a re-accreditation audit from 01 April 2014 to 02 April 2014 submitted to the Quality Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to residents in accordance with the Accreditation Standards.

To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

There are four Standards covering management systems, health and personal care, resident lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct an audit. The team assesses the quality of care and services at the home and reports its findings about whether the home meets or does not meet the Standards. The Quality Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

Assessment team's findings regarding performance against the Accreditation Standards

The information obtained through the audit of the home indicates the home meets:

- 44/44 expected outcomes

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 01 April 2014 to 02 April 2014.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 1998. The assessment team consisted of three registered aged care quality assessors.

The audit was against the Accreditation Standards as set out in the Quality of Care Principles 1997.

Assessment team

Team leader:	Philippa Brittain
Team members:	Anne Rowe Cristian Moraru

Approved provider details

Approved provider:	Regis Aged Care Pty Ltd
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Details of home

Name of home:	Regis Weston
RACS ID:	7150

Total number of allocated places:	133
Number of residents during audit:	125
Number of high care residents during audit:	84
Special needs catered for:	Nil specified

Street:	118-120 Monash Avenue
City:	NEDLANDS
State:	WA
Postcode:	6009
Phone number:	08 9380 5556
Facsimile:	08 9380 5531

Audit trail

The assessment team spent two days on site and gathered information from the following:

Interviews

Category	Number
Facility manager	1
Quality compliance managers	2
Assistant manager	1
Clinical services support staff	1
Clinical manager	1
Registered nurses (RN)	2
Care supervisor	1
Care staff	9
Administration assistant	1
Occupational therapist	1
Lifestyle coordinator	1
Lifestyle assistant	1
Physiotherapist	1
Residents/representatives	24
Dietician	1
Residential catering manager	1
Chef	1
Catering staff	2
Cleaning staff	3
Laundry staff	3
Contracts manager	1
Operational support staff	1
Maintenance manager and safety representative	1
Health care specialist and continence advisor	1
Physiotherapist assistants	2

Sampled documents

Category	Number
Residents' files, including assessments and progress notes	14
Residents' lifestyle, assessments, care plans and progress notes	10
Volunteers' files	3
Specialised nursing care plans	3
Initial clinical assessments and interim care plans	2
Medication summary sheets and signing sheets	16
Profile and comprehensive care plans	14
Personnel files	8
Wound assessments, management and review charts	4
External services contracts	3

Other documents reviewed

The team also reviewed:

- Accidents and incidents register
- Activities calendar, activities feedback and activities evaluation
- Activity invitation list form
- Advanced health directive
- Archive register
- Audits, surveys and action plans
- Authorities to self-medicate
- Care alerts, handover sheets, diaries and communication books
- Care plan consultations
- Certifications and skills matrix
- Cleaning schedules and signing sheets
- Clinical incident reports and monthly analyses
- Compulsory reporting registers
- Continuous improvement forms file and plan for continuous improvement
- Dietary summary sheets

- Emergency procedures and resident list for evacuation
- External food safety audit report
- Gastroenteritis notification outbreak information
- Hazardous and non-hazardous chemicals register
- Hazards and risk assessments file
- Human resources matrices, including volunteers' credentials
- Infection control file
- Influenza vaccine program
- Job descriptions and duty statements
- Maintenance logs, records and work orders files
- Medication theory and competency schedule
- Meeting minutes
- Memoranda file
- Menus and kitchens dietary information
- Monthly quality audit reports
- Ordering and purchasing of goods, equipment and supplies records
- Pain, blood glucose level, location and bowel monitoring charts
- Pet vaccination records
- Policies and procedures
- Refrigerator temperatures signing sheets
- Register of drugs of addiction
- Regulatory compliance file
- Relocating evacuation plan
- 'Resident of the day' files
- Resident newsletter
- Residents' information files, welcome pack and handbook
- Rosters, available shifts and agency staff orientation records
- Supplement, food and fluid record charts

- Training and attendance records file
- Weight tracking reports
- Wound assessments and care plans.

Observations

The team observed the following:

- Activities in progress
- Charter of residents' rights and responsibilities displayed
- Equipment and supply storage areas
- Infection control resources
- Interactions between staff and residents
- Internal and external living environment
- Safety data sheets
- Meal and drink services, including residents being assisted with lunch service
- Mobility and transfer aids
- Noticeboards, displayed information, leaflets and locked suggestion box
- Storage of medications
- Tasks undertaken by staff specific to their roles
- Waste disposal systems.

Assessment information

This section covers information about the home's performance against each of the expected outcomes of the Accreditation Standards.

Standard 1 – Management systems, staffing and organisational development

Principle: Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

1.1 Continuous improvement

This expected outcome requires that "the organisation actively pursues continuous improvement".

Team's findings

The home meets this expected outcome

The organisation actively pursues continuous improvement and encourages staff and resident participation. The framework for continuous improvement includes a quality management system that relates to all four Accreditation Standards. This encompasses mechanisms for measuring and reviewing performance, identification, implementation and monitoring of improvements, and evaluation and processes for feedback. The manager updates the plan for continuous improvement and the organisation's quality assurance team monitors the activity on the plan. The home communicates the evaluation of actions and changes to residents and staff through communication channels and noticeboards. Staff, residents and representatives reported they are encouraged to provide feedback and ideas for improvements at meetings and using feedback forms.

Examples of current or recent improvement activities related to Standard 1 are described below.

- Following a trial in other homes, an electronic care management system was implemented to enhance clinical record keeping. Management reported the new system has improved documentation, time keeping and ability for the monitoring of clinical care documentation. Staff interviewed reported they received training in how to use the system and confirmed the benefits of the initiative.
- The organisation introduced a new management structure across the site with a newly created assistant manager position reporting to the facility manager. This new position's role is to support staff and residents. Documentation reviewed showed the assistant manager addresses comments and complaints, and staff and residents interviewed reported the accessibility to management has had a significant improvement given the layout of the home.

1.2 Regulatory compliance

This expected outcome requires that “the organisation’s management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines”.

Team’s findings

The home meets this expected outcome

The home has systems and processes to ensure the identification of, and compliance with relevant legislation, regulatory requirements and professional standards and guidelines. A quality/compliance assurance unit is responsible for identifying changes to, and receiving updates on, relevant regulations and legislation, and broadcasts updates. Local management advises staff of relevant changes and updates as required through established communication channels and publications. Management monitors compliance with legislation and the home’s policies and procedures via audits/reviews, external inspections, and human resource and operational processes, including the currency of police certificates. Residents and representatives reported they were informed of the re-accreditation audit.

1.3 Education and staff development:

This expected outcome requires that “management and staff have appropriate knowledge and skills to perform their roles effectively”.

Team’s findings

The home meets this expected outcome

The home has a system to ensure that management and staff have the knowledge and skills to perform their roles effectively via a recruitment process, orientation and training programs. The organisation has management development and scholarship programs to assist managers and staff to undertake professional development and acquire additional skills related to relevant roles. The learning and development team develops an annual mandatory training calendar for the delivery of education either competency based, face to face or via an e-learning platform. Management identifies the need for additional education and training for staff via quality system reviews, training needs analyses and performance review processes. Training and a staff development matrices record staff attendance at training sessions, and staff are assessed using a competency based approach where indicated. Staff reported satisfaction with the training program available. Residents and representatives reported that management and staff are knowledgeable and perform their roles effectively.

Examples of education and training related to Standard 1 are listed below.

- Centralised rostering
- Communicating incidents
- Corporate and site orientation: customer service, implement improvement
- Electronic care management system
- Professional development program.

1.4 Comments and complaints

This expected outcome requires that "each resident (or his or her representative) and other interested parties have access to internal and external complaints mechanisms".

Team's findings

The home meets this expected outcome

There are processes to ensure residents, representatives and other parties have access to internal and external complaints mechanisms. Residents and representatives receive, and have access to, information regarding the internal and external comments and complaints processes through information packs, agreements and brochures. Resident meeting agendas include complaints or suggestions, and management logs verbal and written feedback for resolution, evaluation and discussion of the resolution with the complainant.

Management ensures the effectiveness of the comments and complaints process via satisfaction surveys and internal audits, and identified trends from monthly analyses flow into the home's continuous improvement system as appropriate. Staff receive information about the comments and complaints procedure during orientation program for new employees and meetings. Residents and representatives reported using formal and informal processes with staff and management as ways of resolving issues, and are satisfied with their access to complaints processes.

1.5 Planning and leadership

This expected outcome requires that "the organisation has documented the residential care service's vision, values, philosophy, objectives and commitment to quality throughout the service".

Team's findings

The home meets this expected outcome

The organisation has documented and displayed the residential care service's vision, mission and philosophy statement. The statement reflects the organisation's commitment to continuous improvement.

1.6 Human resource management

This expected outcome requires that "there are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards and the residential care service's philosophy and objectives".

Team's findings

The home meets this expected outcome

The home has systems to manage human resources via policies and procedures and regulatory requirements and include recruitment, orientation and training and development. Management reviews staff mix, levels, skills and supervision requirements, and adjust rosters/hours and team allocations in response to the complexity of residents' care needs and operational requirements. The home uses a leave tracker to monitor staff coverage, and existing or agency staff fill vacancies as needed. Management monitors staff performance via feedback and reporting mechanisms, performance appraisals and supervision. Staff reported they have opportunities for professional development and have enough time to complete their

tasks. Residents and representatives expressed satisfaction with the responsiveness and adequacy of care and services provided by staff.

1.7 Inventory and equipment

This expected outcome requires that "stocks of appropriate goods and equipment for quality service delivery are available".

Team's findings

The home meets this expected outcome

The home has systems, processes and expenditure budgets to ensure appropriate stocks of goods and equipment are available for quality service delivery. The organisation's procurement division advises the home on preferred suppliers and new products. The allied health therapists review the use of suitable aids and equipment for residents, and the home has stock management systems for medications, clinical, linen and continence supplies, and chemical and food products. Maintenance programs are in place for relevant equipment, buildings and grounds, and staff access an incident/hazard reporting system that allows for risk scaling of issues. Staff reported they receive training for appropriate use of electronic, clinical and mechanical equipment and have enough equipment and supplies to undertake their tasks. Residents and representatives reported satisfaction with the availability and suitability of goods and equipment provided to residents.

1.8 Information systems

This expected outcome requires that "effective information management systems are in place".

Team's findings

The home meets this expected outcome

The home has information management systems to allow for an effective flow of information, including the collection, analysis and dissemination of information related to resident care, business and operational matters. Management routinely collates, analyses/reviews and tables relevant information. The home schedules meetings specific to roles and groups/committees, and minutes are available for review. There are procedures for the storage and management of records via archiving, document control and maintenance of security of information, including the protection of electronic management systems. The organisation's management reviews the policies and procedures and the local management team undertakes regular reviews of the home's information management system. Staff reported they have access to information relevant to their roles, attend regular meetings and they have access to feedback and reporting mechanisms. Residents and representatives reported satisfaction with the access to information relevant to them via care consultations, meetings and notices.

1.9 External services

This expected outcome requires that "all externally sourced services are provided in a way that meets the residential care service's needs and service quality goals".

Team's findings

The home meets this expected outcome

The organisation has processes to ensure the provision of externally sourced services meets the home's quality needs and service requirements. The organisation and the home contract

externally sourced services in response to identified requirements. There are specific written agreements with the external services that set out criteria and regulatory requirements.

Management and relevant staff monitor the level of performance with external services through service records and feedback from stakeholders on completed work. The organisation's procurement division consults with the home and reviews the external services. Residents, representatives and staff reported satisfaction with externally sourced services.

Standard 2 – Health and personal care

Principle: Residents' physical and mental health will be promoted and achieved at the optimum level, in partnership between each resident (or his or her representative) and the health care team.

2.1 Continuous improvement

This expected outcome requires that “the organisation actively pursues continuous improvement”.

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home's continuous improvement systems and processes.

Examples of current or recent improvement activities related to Standard 2 are described below.

- Quality assurance practices by the contracted pharmacy have highlighted inconsistencies relating to short course medication/interim signing sheet management. The clinical manager implemented a process to prevent this occurrence by ways of training staff and regular monitoring for compliance. Management reported an improvement to compliance in regards to cessation of the use of medication signing sheets in a timely manner and follow up auditing is planned from an internal and external perspective.
- The home has introduced balance classes to enhance residents' independence and minimise falls. The therapy team purchased new equipment, scheduled sessions in a new physiotherapy room and provided information to residents via communication channels. Preliminary results have shown the initiative has proved to be worthwhile with the physiotherapist reporting more residents are using the new equipment. Management reported resident balance enhancement is to be measured by usual facility data monitoring on falls analysis.

2.2 Regulatory compliance

This expected outcome requires that “the organisation's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines about health and personal care”.

Team's findings

The home meets this expected outcome

The home has a system to ensure ongoing regulatory compliance in relation to Standard 2. Management monitors renewal dates of professional registrations for nursing and contracted allied health professionals. Registered nurses conduct initial and ongoing assessment of residents requiring a high level care. The home has a policy and procedure for compulsory reporting of residents absconding and maintains a register of reportable events. Residents and representatives reported residents receive care services in accordance with specified care services requirements.

2.3 Education and staff development

This expected outcome requires that “management and staff have appropriate knowledge and skills to perform their roles effectively”.

Team’s findings

The home meets this expected outcome

Refer to Education and staff development in Standard 1 – Management systems, staffing and organisational development for an overview of the education and staff development system.

Examples of education and training related to Standard 2 are listed below.

- Blood sugar monitoring
- Continence process
- Falls prevention
- Hydration
- Medication theory and competency
- Responding to challenging behaviours
- Special diet guidelines
- Specialised nursing care for registered nurses
- Supervising clinical care.

2.4 Clinical care

This expected outcome requires that “residents receive appropriate clinical care”.

Team’s findings

The home meets this expected outcome

Residents receive appropriate clinical care. Health care needs of residents are identified when they move into the home with a range of assessments conducted by multi-disciplinary staff, including registered nurses, occupational therapist and physiotherapist. Registered nurses develop care plans to guide staff in residents’ clinical and lifestyle requirements.

Residents’ care is monitored by staff via a ‘resident of the day’ process, and care plans are reviewed every three months, or when a resident’s health status changes. General practitioners visit residents on a regular basis and as required, and changes in care needs are recorded. Residents and representatives have the opportunity to discuss residents’ care at a care plan consultation soon after they enter the home, and as required. Staff reported they have adequate training to undertake residents’ care according to the care plan.

Residents and representatives advised they are satisfied with the clinical care provided by staff.

2.5 Specialised nursing care needs

This expected outcome requires that “residents’ specialised nursing care needs are identified and met by appropriately qualified nursing staff”.

Team’s findings

The home meets this expected outcome

Residents’ specialised nursing care needs are identified and met by appropriately qualified nursing staff. Registered nurses assess residents’ specialised nursing care needs when they move into the home, or as required thereafter. Information and support from external specialised services is accessed as required. Registered staff or specialist service providers undertake all specialised nursing care, including complex wound care and catheter management. Registered staff advised there is sufficient equipment, products and clinical information to support residents’ specialised nursing care. Staff stated registered nurses undertake the clinical care and they report any changes in the residents’ health status to the registered staff. Residents and representatives advised they are satisfied with the specialised nursing care provided to residents.

2.6 Other health and related services

This expected outcome requires that “residents are referred to appropriate health specialists in accordance with the resident’s needs and preferences”.

Team’s findings

The home meets this expected outcome

Residents are referred to other health specialists according to their needs and preferences. The multi-disciplinary health team assess residents when they move into the home. Podiatry services are conducted, and registered nurses initiate referrals to other health services as required. External health services complete assessments and assist with planning of care.

These include a speech pathologist, dietician, optometrist, audiologist, dentist and mental health services. Staff assist residents to attend external specialist appointments and clinics, and instructions to staff regarding a change of care is provided. Residents and representatives reported they are satisfied with the range of health services available.

2.7 Medication management

This expected outcome requires that “residents’ medication is managed safely and correctly”.

Team’s findings

The home meets this expected outcome

Residents’ medication is managed safely and correctly. Policies and procedures are established to guide staff in the safe and correct ordering, storage, disposal and administration of medication. Medication competent care staff administer medication using a multi-dose blister pack or individual blister pack. The clinical manager reviews, monitors and trends medication incidents on a quality audit report that is forwarded to the clinical and care service team for further review. A registered nurse oversees residents’ ‘as required’ medication and evaluation of the effectiveness is conducted. The residents’ medical practitioner monitors residents’ medication, and an accredited pharmacist undertakes a review of their medications.

Residents who prefer to take their medication without assistance have a doctor's authority to do so, and are provided a safe and secure area for storage.

Residents reported staff give their medication at the time ordered by the doctor.

2.8 Pain management

This expected outcome requires that "all residents are as free as possible from pain".

Team's findings

The home meets this expected outcome

Residents are as free as possible from pain. Systems are in place for the identification, assessment, intervention, review and ongoing management of residents' pain. The multi-disciplinary health team using a number of assessment tools assesses residents' pain on entry to the home. Care plans are developed and residents identified with ongoing pain are referred to the physiotherapist for additional treatment at a pain clinic. Interventions to manage pain include massage, transcutaneous electrical nerve stimulation, exercise, medicated creams, aromatherapy, heat packs and pain relief medication. Further charting and assessment is conducted when residents' pain needs change and the general practitioner reviews residents' pain management. Staff reported ways in which they identify pain, and stated they report any observation of residents' pain to the registered staff for further intervention. Residents and representatives advised they are satisfied with staff assistance to manage residents' pain.

2.9 Palliative care

This expected outcome requires that "the comfort and dignity of terminally ill residents is maintained".

Team's findings

The home meets this expected outcome

There are systems to ensure the comfort and dignity of terminally ill residents. Residents or their representatives have the opportunity to complete an advanced care directive when residents move into the home or at any time throughout their residency. Staff have access to external health specialists for assistance in residents' terminal phase of life. Clinical staff and general practitioners are available to provide care for residents who remain at the home during palliation. Residents and representatives expressed confidence that, when required, staff would manage residents' palliative care competently, including the maintenance of their comfort and dignity.

2.10 Nutrition and hydration

This expected outcome requires that "residents receive adequate nourishment and hydration".

Team's findings

The home meets this expected outcome

Residents' receive adequate nourishment and hydration. Nutrition, hydration and dietary needs and preferences assessments record residents' dietary requirements when they move into the home. Residents' likes, dislikes, allergies and specialised diets are recorded and charted to direct catering staff. Clinical staff monitor residents' weights and dietary requirements via a weight tracker, and a dietician reviews residents' nutritional care monthly.

Residents with weight loss are ordered a high energy and protein diet or supplement drink to maintain their nutritional status. Swallow assessments are conducted and residents are referred to the speech pathologist as required. Changes recommended are recorded and communicated to catering staff. Residents reported they are satisfied with the meals and drinks, and adequate staff are available to assist them when it is required.

2.11 Skin care

This expected outcome requires that “residents’ skin integrity is consistent with their general health”.

Team’s findings

The home meets this expected outcome

Residents’ skin integrity is consistent with their general health. Residents’ skin integrity and pressure area risk is assessed when they move into the home and as required. Care plans are developed with interventions to maintain residents’ skin integrity. Skin care includes application of a regular emollient cream and, when required, further interventions such as air mattresses, or protective bandaging. Registered staff complete wound care, and an external service is accessed for additional support and assistance for complex wound care. Incidents including wounds, skin tears and falls are monitored and evaluated monthly. Staff stated they assist residents with the application of creams and report skin tears or changes such as swelling to supervisors or registered staff.

2.12 Continence management

This expected outcome requires that “residents’ continence is managed effectively”.

Team’s findings

The home meets this expected outcome

Residents’ continence is managed effectively. Staff undertake charting of residents’ continence needs when they move into the home. Registered staff evaluate residents’ needs, including individual continence aids that are included on the care plan. Specialised continence management is identified and a specialised care plan details interventions for residents with continence needs including catheter care. Staff liaise with an external continence advisor to review residents continence aides and management. Bowel management strategies include daily monitoring and interventions such as adequate fluids, high-fibre diets and medication. Registered nurses monitor urinary tract infections and the information is collated and trended for monthly reports. Staff described how they assist residents to maintain their continence and dignity. Residents and representatives stated they are satisfied with the support provided to enable residents’ manage their continence.

2.13 Behavioural management

This expected outcome requires that “the needs of residents with challenging behaviours are managed effectively”.

Team’s findings

The home meets this expected outcome

The needs of residents with challenging behaviours are managed effectively. On moving into the home, residents have behaviours recorded via charting and progress notes. Care plans

guide staff on strategies to manage residents' identified behavioural events. Clinical staff access additional support services for residents with mental health issues or residents identified with ongoing incidents of behaviour, including an external mental health team or dementia advisory service. Location charts are completed on residents identified at risk of leaving the home and unable to return safely. Incidents are recorded and analysed monthly via the quality audit report. Staff reported they have been trained in management of residents with adverse behaviour and regularly use diversion to moderate and manage the behaviour. Residents and representatives stated staff are skilled in the management of residents with disruptive behaviour.

2.14 Mobility, dexterity and rehabilitation

This expected outcome requires that "optimum levels of mobility and dexterity are achieved for all residents".

Team's findings

The home meets this expected outcome

Optimum levels of mobility and dexterity are achieved for all residents. On moving into the home the residents' mobility and dexterity status is assessed by the physiotherapist to determine residents' care needs. Residents' mobility, dexterity, falls and transfer needs are documented on the care plan. Residents' therapy activities include relaxation and balance group exercises and individual programs. A referral is made to the physiotherapist when residents' mobility changes and further assessment is conducted. Residents have access to equipment to assist them with mobility and dexterity including wheeled walkers, wheelchairs and half bed rails. Residents' falls are recorded and monitored via the monthly quality audit report. Staff stated they receive training to assist residents with their mobility, dexterity and transfer needs. Residents and representatives reported residents have adequate assistance from staff when it is required.

2.15 Oral and dental care

This expected outcome requires that "residents' oral and dental health is maintained".

Team's findings

The home meets this expected outcome

Residents' oral and dental health is maintained. On moving into the home, residents' oral and dental requirements are assessed by registered staff and information of their dental requirements are recorded on the care plan. Residents have the opportunity of an annual dental examination by the government dental scheme and residents and representatives can act on problems identified. Residents' attend external dentists and representatives and staff assist residents attend external dental appointments. Residents are referred to the speech pathologist when a swallowing deficit is identified and interventions are documented. Staff stated they receive education and training to attend residents' oral and dental care.

Residents reported staff assist them with their oral care when it is required.

2.16 Sensory loss

This expected outcome requires that “residents’ sensory losses are identified and managed effectively”.

Team’s findings

The home meets this expected outcome

Residents’ sensory losses are identified and managed effectively. Systems are in place to assess impairment of residents’ five senses when they move into the home. Information and interventions to guide staff is recorded on the residents’ care plan. Residents have the opportunity for an annual optometry assessment at the home and recommendations are provided to residents and representatives. Residents attend external appointments for sensory impairment that include clinics, audiologists and hearing aide services. The lifestyle program includes sensory activities with examples of hand massage and cooking. Staff reported they assist residents with sensory loss including keeping the rooms uncluttered and cleaning of aides. Residents and representatives reported they are satisfied with the assistance provided to residents with sensory loss.

2.17 Sleep

This expected outcome requires that “residents are able to achieve natural sleep patterns”.

Team’s findings

The home meets this expected outcome

Residents are able to achieve natural sleep patterns. Systems are in place for the charting of residents’ sleep patterns soon after residents move into the home. These are used for development of a care plan. Strategies to assist the resident with natural sleep are identified, including information such as usual time to settle at night, sleep aids and interventions to assist the resident back to sleep. Staff reported they have information provided at the morning handover and in the care alert or progress notes regarding residents who have a disturbed sleep. Residents and representatives reported residents are satisfied with the assistance provided by staff during the night.

Standard 3 – Resident lifestyle

Principle: Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve control of their own lives within the residential care service and in the community.

3.1 Continuous improvement

This expected outcome requires that “the organisation actively pursues continuous improvement”.

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

Examples of current or recent improvement activities related to Standard 3 are described below.

- Following suggestions from residents, an aquarium was placed in the ‘Elloura’ wing lobby, which has proved to be very popular with the enthusiast residents as recorded at the resident meetings. A care plan is in place for residents to feed the fish and manage effective lighting. Residents interviewed were complimentary about the fish aquarium as a focal point in the lobby.
- From a survey, the home identified the need to improve the residents’ lifestyle program. The therapy team acquired a DVD player and the residents use the dining room to play media entertainment following an agreed viewing program. Residents reported enjoyment with the initiative.

3.2 Regulatory compliance

This expected outcome requires that “the organisation’s management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, about resident lifestyle”.

Team’s findings

The home meets this expected outcome

The home has management systems to ensure ongoing regulatory compliance in relation to Standard 3. The home displays the Charter of residents’ rights and responsibilities and provides information about residents’ rights in relevant information packages. The home has a policy and procedure for compulsory reporting of residents’ absconding and maintains consolidated records of incidents involving reportable assaults. Residents or their authorised representatives reported they are consulted for making decisions about services and consent to disclosure of confidential information and provision for care.

3.3 Education and staff development

This expected outcome requires that "management and staff have appropriate knowledge and skills to perform their roles effectively".

Team's findings

The home meets this expected outcome

Refer to Education and staff development in Standard 1 – Management systems, staffing and organisational development for an overview of the education and staff development system.

Examples of education and training related to Standard 3 are listed below.

- Compulsory reporting
- Difference between dementia and delirium
- Privacy and dignity
- Sexuality and wellness.

3.4 Emotional support

This expected outcome requires that "each resident receives support in adjusting to life in the new environment and on an ongoing basis".

Team's findings

The home meets this expected outcome

An information package is given to new residents and representatives and a designated resident is assigned to introduce the new residents to staff and other residents, answer questions and show them around. Assessments are conducted to identify residents' emotional needs, customs, as well as recording their personal histories and interests. Activity staff introduce themselves and invite residents to attend activities of interest. Care plans guide staff in the social, cultural and emotional needs and preferences of the resident.

Residents and representatives are encouraged to personalise residents' rooms with photographs, ornaments and personal effects. Residents and representatives interviewed advised the information and support provided by the home is appropriate and assists in meeting residents' emotional needs.

3.5 Independence

This expected outcome requires that "residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service".

Team's findings

The home meets this expected outcome

The home has processes to ensure regular assessment of residents' needs in achieving independence and participate in the activities both within and outside the home. Residents' physical, cognitive and emotional status is assessed on moving to the home and care plans

are developed that specify the levels of assistance residents require in their activities of daily living. Care plans include considerations of the sensory, communication and mobility needs of residents when promoting independence. Assistive devices for mobility, meals, communication and toileting are provided and residents have access to telephones and are assisted to vote in elections. Staff described strategies to assist residents to maintain independence in aspects of their lives. Residents and representatives stated they are satisfied with the assistance and the information provided by the home to maintain the residents' independence.

3.6 Privacy and dignity

This expected outcome requires that "each resident's right to privacy, dignity and confidentiality is recognised and respected".

Team's findings

The home meets this expected outcome

The home has processes to ensure that each resident's right to privacy, dignity and confidentiality is recognised and respected. The residents' information package includes relevant statements and brochures on privacy, consent and disclosure of information. An initial and ongoing assessment process identifies the resident's need for privacy, dignity and confidentiality that includes continence, sensory loss, cultural, palliative care and cognition considerations. The home's environment promotes privacy, including the provision of quiet indoor and outdoor areas for residents to meet with family and visitors. Personal care services are provided in residents' rooms or allocated facilities within the home. Staff interviewed demonstrated knowledge of practices to maximise the privacy of residents and maintain confidential information. Residents and representatives interviewed reported residents' privacy, dignity and confidentiality are maintained and respected.

3.7 Leisure interests and activities

This expected outcome requires that "residents are encouraged and supported to participate in a wide range of interests and activities of interest to them".

Team's findings

The home meets this expected outcome

Processes are in place to ensure that residents are encouraged and supported to maintain their interests and activities. When residents move into the home they have an assessment completed to identify their leisure, lifestyle interests and preferences. This information is included on the care plans and therapy programs. The activity programs include a range of cognitive, gross motor, physical, sensory and social group activities as well as special and cultural events and community bus outings. Therapy staff and volunteers provide individual activities for those residents who are unable, or who choose not to participate in group activities. Processes are in place to evaluate residents' lifestyle and activity sessions via residents' feedback, audits, review of care planning and evaluation. Residents and representatives reported they are satisfied with the range of activities offered to residents.

3.8 Cultural and spiritual life

This expected outcome requires that "individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered".

Team's findings

The home meets this expected outcome

On moving into the home, residents' individual customs, beliefs and preferences related to their cultural and spiritual life are identified. Residents' individual care plans contain culturally specific information and customs they wish to observe. Catering staff prepare culturally specific meals for residents. Events of cultural or spiritual are celebrated with family involvement, including Australia Day, Easter, Anzac Day and Melbourne Cup Day. The home provides spiritual support and regular church services are held at the home. Staff reported they use residents' care plans to gain an understanding of residents' specific cultural and spiritual practices. Residents and representatives reported staff respect residents' customs, beliefs and culture.

3.9 Choice and decision-making

This expected outcome requires that "each resident (or his or her representative) participates in decisions about the services the resident receives, and is enabled to exercise choice and control over his or her lifestyle while not infringing on the rights of other people".

Team's findings

The home meets this expected outcome

Residents and representatives are assisted to participate in decision making about care and service delivery through resident meetings, surveys, and the comments and complaints processes. Resident meetings and care consultations provide a forum for residents and representatives to express their views, and provide opportunities to participate in decisions about care and services. External advocacy services, complaint forms, suggestion box and brochures for accessing the external complaints mechanism are available. Staff reported they respect residents' choices not to participate in activities and events. Residents and representatives reported residents have opportunities to make choices and decisions over their lifestyle preferences.

3.10 Resident security of tenure and responsibilities

This expected outcome requires that "residents have secure tenure within the residential care service, and understand their rights and responsibilities".

Team's findings

The home meets this expected outcome

There are processes in place to ensure residents have secure tenure within the home and understand their rights and responsibilities. The home has an admission process to assist residents when moving into the home. Residents and/or representatives receive a resident information package that includes an agreement and handbook which provides information pertaining to resident rights and responsibilities, complaint mechanisms, security of tenure and specified level of care and services. External advocacy and guardianship administration is used as required. Consultation is undertaken with residents and representatives prior to room transfers within the home and changes to the provision of services. Staff are provided with

education and training regarding residents' rights. Residents and representatives reported they are informed of fee changes and are satisfied residents have security of tenure at the home.

Standard 4 – Physical environment and safe systems

Principle: Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.

4.1 Continuous improvement

This expected outcome requires that “the organisation actively pursues continuous improvement”.

Team’s findings

The home meets this expected outcome

Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

Examples of current or recent improvement activities related to Standard 4 are described below.

- Residents requested a shade sail extension and this was installed to prevent heat and glare in ‘Elloura’ wing. Residents interviewed reported the shade sail extension has enabled them to use the area for socialising, including the pool table.
- The organisation has implemented a ‘pause for safety’ national strategy to prevent injuries by increasing staff safety awareness. Safety posters have been displayed around the home, and staff received training and are required to stop for 30 seconds and re-think their strategy and helping others with safety. Management reported the evaluation for effectiveness in reducing lost-time injuries and medically treated injuries is to come from national workplace health and safety manager.

4.2 Regulatory compliance

This expected outcome requires that “the organisation’s management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, about physical environment and safe systems”.

Team’s findings

The home meets this expected outcome

Management systems are in place ensure ongoing regulatory compliance in relation to Standard 4. Internal/external representatives and statutory bodies inspect and audit the workplace and building, fire emergency preparedness and the catering environment. The home stores chemicals safely, maintains a register for hazardous substances and has infectious disease management information available. Staff advised using reporting mechanisms for accidents, incidents and hazards. The home has food and health and safety programs to comply with legislative requirements and to provide staff guidance.

4.3 Education and staff development

This expected outcome requires that “management and staff have appropriate knowledge and skills to perform their roles effectively”.

Team’s findings

The home meets this expected outcome

Refer to Education and staff development in Standard 1 – Management systems, staffing and organisational development for an overview of the education and staff development system.

Examples of education and training related to Standard 3 are listed below.

- Completing hazard risk assessment forms and maintenance logs
- Fire and emergency
- Food safety
- Infection control
- Manual handling
- Restaurant food service and etiquette
- Safe handling of chemicals
- Work health and safety in aged care.

4.4 Living environment

This expected outcome requires that "management of the residential care service is actively working to provide a safe and comfortable environment consistent with residents’ care needs".

Team’s findings

The home meets this expected outcome

The home provides a safe and comfortable environment, consistent with residents’ care needs. The living environment that includes single rooms with ensuites, communal lounges and dining areas is equipped to assist residents with independence, comfort, privacy and security. Residents have access to other amenities and facilities within the premises such as outdoor areas, communal laundries, therapy centre and cafeteria/shop for social interactions and activities. Management monitors the environment to maintain safety and comfort of residents via cleaning programs, audits and inspections, and take maintenance actions in response to identified issues/suggestions, or potential hazards. Residents and representatives reported satisfaction with how the home ensures a safe, private and comfortable living environment according to the residents’ needs and preferences.

4.5 Occupational health and safety

This expected outcome requires that "management is actively working to provide a safe working environment that meets regulatory requirements".

Team's findings

The home meets this expected outcome

Management is actively working to provide a safe working environment that meets regulatory requirements. Management, safety/maintenance representatives and staff monitor the safety of the environment using feedback and reporting mechanisms, audits and inspections. The safety committee meets regularly to review incidents and hazards as well as staff practices and environmental/equipment issues, and communication with staff occurs via alerts, posters and meeting minutes. Management implements improvement or remedial action as required in response to identified safety issues. Personal protective equipment is available in strategic locations, chemical safety and cigarette smoking adheres to regulations. Staff reported they are aware of safety management processes through training and meetings, and that management is active in providing a safe working environment.

4.6 Fire, security and other emergencies

This expected outcome requires that "management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks".

Team's findings

The home meets this expected outcome

Management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. A fire system auditing is in place with approved professionals carrying out regular testing and a preventative maintenance program. Evacuation maps and signage show orientation and information regarding exit routes, and location of fire fighting equipment throughout the home. There are processes to check and tag new and existing electrical appliances to identify and resolve electrical hazards. Staff demonstrated awareness of the emergency procedures manual that contains an updated resident mobility evacuation list and a register of hazardous substances. The home informs residents and representatives of the emergency procedures during the admission process, by ways of posters displayed in pertinent places and fire drills. Residents generally reported they would know what to do if they hear a fire alarm and would follow the instructions from staff.

4.7 Infection control

This expected outcome requires that there is "an effective infection control program".

Team's findings

The home meets this expected outcome

The home uses the organisation's procedures to direct and guide the home's approach to an effective infection control program. Surveillance monitoring strategies use reporting and analysis to assist in the identification of trends that may lead to improved outcomes for residents and the living environment. Waste and pest control management is included in safe systems of work. Spills and outbreak management supplies and information are readily available. Staff reported knowledge of infection control procedures. Residents and

representatives reported satisfaction with the actions taken by staff to control the risk of cross-infection and the cleanliness of the home.

4.8 Catering, cleaning and laundry services

This expected outcome requires that "hospitality services are provided in a way that enhances residents' quality of life and the staff's working environment".

Team's findings

The home meets this expected outcome

Staff and management use policies and procedures to supply hospitality services that reflect residents' assessed needs and preferences. The menu options are developed in consultation with a dietician following residents' feedback. Laundry, cleaning and catering services include sufficient resources for staff to carry out their duties and attend relevant training sessions. Catering staff and carers provide meal services and temperature monitoring of all meals and catering equipment. The home has monitoring systems to identify deficits within the hospitality services. Staff stated that hospitality services meet residents' needs and preferences, and there is generally sufficient staff and time to complete duties. Residents and representatives generally reported satisfaction with the catering, cleaning and laundry services.